



IFW

Attorney's Docket No.: 42P16845

Patent

In re the Application of: Zimmer et al.

(inventor(s))

Application No.: 10/646,606

Filed: August 21, 2003

For: TRUSTED REMOTE FIRMWARE INTERFACE

(title)

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is a Response and Amendment for the above application.

 Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

XX Information Disclosure Statement and applicable submission fee is included.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 30	Minus	** 30	0
Indep. Claims	* 3	Minus	*** 3	0
<input type="checkbox"/>	First Presentation of Multiple Dependent Claim(s)			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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SMALL ENTITY

Rate	Additional Fee
X25	\$
X100	\$
+180	\$
Total Add. Fee	\$

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
X50	\$ 0
X200	\$ 0
+360	\$
Total Add. Fee	\$ 0

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Date of Deposit

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Name of Person Mailing Correspondence

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Signature

3-5-07

Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

 X A check for \$ 180.00 is attached for Information Disclosure Statement submission fee under 37
C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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_____ The Under Secretary of Commerce for Intellectual Property and Director of the United States
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with this communication or credit any overpayment to Deposit Account No. 02-2666 **(a duplicate copy
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 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

 X Any extension or petition fees under 37 C.F.R. § 1.17.

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Date: 3-5-07

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